

MANUAL: FOM 802	JOB AID	
	Children's Foster Care	
SUBJECT: CMH Appeals Process Job Aid	10/2020	New Issue
Contact Office: Erica Barrett, BarrettE1@michigan.gov Child Welfare Medical and Behavioral Health Division	03/2022	Partial Revision
		Complete Revision

The worker for the child, family and legal parent(s)/guardian(s) can appeal when they disagree with Community Mental Health's (CMH) decisions about CMH services. This includes denials by CMH for psychiatric hospitalization.

Examples of appealable actions are as follows:

- Denial of requested services.
- Limited authorization of requested services.
- Reduction in current services.
- Suspension of current services.
- Termination of current services.
- Delay in providing authorized services.

When there is a disagreement with the decision about services that the child will or will not receive, the concerned party needs to have a conversation with the CMH staff member to discuss their concerns. If the conversation does not resolve the issue at hand communication with the CMH supervisor is suggested.

If unable to resolve the concern, an appeal may be requested. For temporary court wards the legal parent(s)/guardian(s) initiate the appeal process. The youth and family worker can complete the appeal process if the legal parent(s)/guardian(s) provide written consent. With written consent the youth and family worker may act on behalf of the child to file an appeal, grievance, or request a State Fair Hearing. As legal guardians for state wards, the youth and family worker may request an appeal and complete the process. For permanent court wards, the court must request the appeal.

If the youth and family worker receives written approval from the legal parent(s)/guardian(s) and files the appeal, they must inform the legal parent(s)/guardian(s), foster caregiver(s), and the child caring institution (CCI) team (if applicable) of the appeal. The youth and family worker must keep all parties involved and engage them throughout the appeals process. The youth and family worker must document their activities, as well as the involvement of the legal parent(s)/guardian(s), foster caregiver(s), and CCI team (if applicable) in the social work contacts.

To start the appeal process, CMH staff will assist in submitting one or more of the following to the CMH Customer Service Department:

- A local dispute/grievance request.
- Request for a second opinion.
- Request for a State Fair Hearing (Medicaid recipients only).
- Recipient Rights Complaint with the CMH Office of Recipient Rights.

The local dispute/grievance request can be completed verbally or in writing. If an expedited decision is requested, a verbal request for appeal must be followed by a written request. When completing the request, whether orally or in writing, please include the following information:

- Child's name.
- Child's date of birth.
- Child's Medicaid ID or alternate insurance information.
- Youth and family worker's name.
- Youth and family worker's contact information.
- Names and roles of the CMH staff members involved.
- Date of when the services began or were denied.
- Date of when the situation causing the appeal occurred.
- Explain in detail the situation that occurred.
- Supporting information (ex. – provider reports, ISP, USP, etc.)
- Forms provided by CMH to complete the appeal.

If the child is determined not to meet the criteria for psychiatric hospitalization, CMH staff should inform the youth and family worker and legal parent(s)/guardian(s) that they can request a second opinion. If the youth and family worker and/or legal parent(s)/guardian(s) believe that the child should meet the criteria for psychiatric hospitalization, they must request a second opinion. The second opinion assessment must be completed within 24 hours of the request. The second opinion assessment must be completed by a professional psychiatrist, physician, or licensed psychologist who did not have prior involvement with the initial assessment.

If a second opinion is being requested for a temporary court ward, this request must come from a legal parent(s)/guardian(s). If a second opinion is being requested for a state ward, the request may come from the youth and family worker. Second opinion requests for permanent court wards must be made by the court via a court order.

If the situation continues not to be resolved, the youth and family worker and/or legal parent(s)/guardian(s) may escalate the need by requesting a State Fair Hearing. State Fair Hearings are only available for Medicaid recipients. The following processes must be completed when requesting a State Fair Hearing:

- The request for hearing form, along with a self-addressed stamped envelope will accompany the notice of denial letter. The youth and family worker must fill out the hearing form and provide all necessary documentation.
- The request for hearing form and supporting documents must be sent to the State Office of Administrative Hearings and Rules:
 - Michigan Office of Administrative Hearings and Rules
P.O. Box 30763
Lansing, MI 48909
 - For questions, contact (800) 648-3397 or (517)335-7525, or email MAHSinfo@michigan.gov
- A State Fair Hearing must be requested within 90 days from the date of the denial notice.
- A State Fair Hearing can be started at the same time, before, or after the local appeal if it is within the 90-day period.
- The State Office of Administrative Hearings and Rules will schedule a hearing. All parties involved will attend the hearing. The Administrative Law Judge will not make a finding during the hearing. All parties involved will receive a written Order and Decision from the judge in the mail.

- If the youth and family worker and/or legal parent(s)/guardian(s) disagrees with the Decision and Order, they may appeal to the circuit court of the county where the child received CMH services. The youth and family worker and/or legal parent(s)/guardian(s) may request a rehearing or reconsideration via writing. The request must be sent to the Michigan Office of Administrative Hearings and Rules within 30 calendar days of the mailing of the Order and Decision.

If the youth and family worker believes the rights of a child on their caseload have been violated, they may complete a DCH-0030, Recipient Rights Complaint form. A rights advisor will review the complaint and if appropriate, complete an investigation. The youth and family worker must send the original form to the CMH or hospital where the child received services or to:

- MDCH – Office of Recipient Rights
Elliott-Larsen Building (previously Lewis-Cass Building)
320 S. Walnut
Lansing, MI 48933

There are timelines that the youth and family worker will need to follow if they decide to file an appeal.

The following are possible timelines:

- If the child has Medicaid, the youth and family worker has 60 calendar days to file an appeal. If the child's current services are being reduced, suspended, or stopped, the youth and family worker can ask that the services continue during the appeal process. For services to continue, the youth and family worker must request the appeal within 10 business days of the date of notice.
 - If the child has Medicaid, the Local Dispute Resolution Committee has 30 calendar days after they receive the appeal to notify the youth and family worker of the decision.
- If the child does not have Medicaid, the youth and family worker has 30 calendar days to file an appeal.
 - If the child does not have Medicaid, the Local Dispute Resolution Committee has 45 calendar days to notify the youth and family worker of the decision.
- If the youth and family worker is requesting an expedited appeal, the appeal paperwork must be completed immediately. CMH will respond within three business days with a decision.

If assistance is needed throughout the appeals process, the youth and family worker may contact the Customer Service Division of the local CMH.

Resources:

- Mental Health Code: [http://www.legislature.mi.gov/\(S\(1usafllkgfuemyow2vbohrr\)\)/mileg.aspx?page=GetObject&objectname=mcl-Act-258-of-1974](http://www.legislature.mi.gov/(S(1usafllkgfuemyow2vbohrr))/mileg.aspx?page=GetObject&objectname=mcl-Act-258-of-1974)
- Michigan Office of Administrative Hearings and Rules: <https://courts.michigan.gov/self-help/mahs/pages/default.aspx>
- Recipient Rights Complaint Form: https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4901-14825--,00.html